

Rhode Island Department of Human Services Child Care Center and School Age Program Monitoring Checklist

Renewal/ Monitoring Visit

3		
	Visit Information	
Visit Date: September 25, 2023	Visit Start Time: 9:30	Visit End Time:
Name of Licensor: Jessica Ullrich		

	Provider Information			
Program Name: Ocean State Montessori School, Ind	C			
Provider ID: 3030		Licens 2023	License Expiration Date: September 30, 2023	
Email Address: amy@oceanstatemontessori.org		Teleph	none Number: 4014346913	
Street Address: 100 Grove Avenue			State: RI	
City: East Providence			Zip Code: 02914	
Administrator On-S		Amy Andrews		
Education Coordinator		Elizabeth Tingle		
School Age Coordinator (if appl	On-Site at Time of Visit: icable)			
Current Licen	sed Capacity		Total Staff Employed	
I/T:				
T:			6	
PS:	66		U	
SA:	23			

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Sea turtles / Betsy	3-6	17	2		
Dolphins / Leah	3-6	17	2		
Puffer fish / Brooke	3-6	16	2		

		Inspections 1.7.A.2.a-c	
Fire		Expiration Date	
Lead		Expiration Date	
Radon	Compliant	Expiration Date	
Comment	ts:		

The content Description Compliant Status			Child Care and School Age Program Regulations 218-RICR-70-00-1	
Enterent license must be posted in a conspicuous place in the program. Compliant 1.8 Physical Facilities No violations found 1.8 B.1 (Medium risk) The construction of new buildings or outdoor space for the use of children, or the renovation/modification of existing buildings or outdoor space used by children requires approval by the Department. Compliant 1.8 C.4 (Medium risk) Each classroom and activity space has artificial lighting that is intact and in good working order. Compliant 1.8 C.5 & a (Medium risk) The temperature in all classrooms and other spaces used by children is maintained within a range of 65° F-74° F at the children's height. In an infant classroom, the temperature should be a minimum 68° F at the height of the crib. Compliant 1.8 C.7 (High Risk) All classroom and program exits/egresses are: a. clearly identified; and b. free of clutter around the area of the door. Compliant 1.8 C.9 (High Risk) All entrances to the program are kept locked with mechanisms in place for monitoring entry. a. If at any time an entrance to the program is unlocked, a designated staff person is required to directly monitor all entries/exits from the program and is then responsible for re-securing the entrance. Compliant 1.8 G.3 (High Risk) The outdoor play area is required to be surrounded by a permanent structure. If a fence is used, it must be: a. At least four feet (4') in height when measured from the ground; and b. Not prevent the observation of children by staff; and c. Adhere to State building codes Comp	Remarks	Compliant Status	Requirement Description	Section
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1.8.B.1 The construction of new buildings or outdoor space for the use of children, or the renovation/modification of existing buildings or outdoor space used by children requires approval by the Department.		Compliant	The current license must be posted in a conspicuous place in the program.	1.7.E 2
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e. name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.		Compliant	A daily log is maintained of every medication administered. This record includes the: a. child's name; b. name and dosage of medication administered; c. date and time administered; d. name and signature of the person who administered the medication; and e. name of the licensed physician, physician's assistant, or nurse practitioner	1.9.C.3
1.9.C.6 (High Risk) a. In clearly labeled original containers; b. In spaces secured with child safety locks that are separate from any items that attract children; (Rescue medications for infants, toddlers and preschoolers may be kept unlocked but out of reach of children at all times) c. In a way that does not contaminate play surfaces or food preparation areas. d. School -age children (enrolled in Kindergarten or older) may carry their own rescue medication (prescription inhalers and/or auto-injectable epinephrine).		Compliant	 a. In clearly labeled original containers; b. In spaces secured with child safety locks that are separate from any items that attract children; (Rescue medications for infants, toddlers and preschoolers may be kept unlocked but out of reach of children at all times) c. In a way that does not contaminate play surfaces or food preparation areas. d. School -age children (enrolled in Kindergarten or older) may carry their own 	(High Risk)
1.9.G.3 Toxic substances and any other items of potential danger to children are clearly (High Risk) labeled and are in an area that is secured by a child safety lock.		Compliant	labeled and are in an area that is secured by a child safety lock.	
1.9.G.5 (High Risk) Garbage receptacles are covered in all areas that are accessible to children, lined and garbage is removed from the program daily. Non-Compliant		Non-Compliant		

1.9.G.7 (High Risk)	The program posts in a conspicuous place and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant	
1.9.H.2 & 1.9.H 3 (High Risk)	Staff wash their hands, and ensure children wash their hands, with liquid soap and warm running water as needed.	Compliant	
1.9.J.4 (Medium Risk)	A first aid kit is available in each classroom and outdoor play areas. a. The following first aid supplies should be in all first aid kits: (1) Adhesive bandages (assorted sizes) (2) Cold pack (3) Disposable powder-free, latex-free gloves (4) Plastic bags (for disposing of blood and other bodily fluids) (5) Thermometer – digital or ear – should not contain glass/mercury.	Compliant	
1.9.J.5 (Medium Risk)	Injuries are documented on an injury report. a. A parent/guardian must sign the written injury report. b. Parents/guardians are notified of injuries on the same day of the injury. (1) Any injury that is head related or an injury that may require medical attention should be an immediate call to the parent/guardian. c. A copy of this report is placed in the child's file. d. The injury, first aid and parent/guardian communication are recorded in the program's daily health log.	Compliant	
1.9.J.6 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Non-Compliant	Corrected Onsite
Description/Observ	ation No poster in sea turtle classroom, posted during visit		
1.9.K.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant	
1.9.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Not Applicable	
1.9.K.7 (Medium Risk)	All bedding used on cots must be removed in between uses and safely stored in individual plastic bags, or comparable means, to prevent contamination.	Compliant	
1.9.K.9 (Medium Risk)	There is one (1) assembled evacuation crib equipped with wheels for every five (5) children under two (2) years of age, accessible in case of emergency.	Not Applicable	
1.9.K.10 (Medium Risk)	Evacuation cribs are to remain empty of materials and accessible for use in case of an emergency. a. In the event of an emergency, the evacuation cribs are used to safely remove children from the facility. b. Evacuation cribs may be utilized for sleeping children at naptime.	Not Applicable	
1.9.L.1&2 (High Risk)	The program develops and implements an individualized, written plan to prepare for and respond to potential emergency/disaster situations. This plan is appropriate to support the needs of all children in the program and must be approved by the Department.	Compliant	
1.9.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant	
1.9.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	Compliant	
1.9.L.6 (High Risk)	The program Administrator or designee conducts regular safety drills. a. One (1) fire drill is conducted every month the program is in operation, with no more than three (3) drills delayed for weather. b. Every fourth (4th) drill must be obstructed, by means of not using one (1) of the typical exits/egresses. The other drills may be unobstructed. c. Two (2) shelter-in-place drills are conducted every twelve (12) months. d. A record of all safety drills is maintained. e. Programs with Night Time Care conduct an additional set of safety drills during the night time hours of operation.	Compliant	
1.9.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	Not Applicable	
1.9.M.10 & 11 (Medium Risk)	Drinking-water is readily available and offered throughout the day, especially before, during and after outdoor play. Drinking-water supplies are located in or near classrooms and activity rooms.	Compliant	
1.9.N.1 (Medium Risk)	For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider	Compliant	
1.9.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant	
1.9.N.3 (Medium Risk)	The program asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy. a. If	Compliant	

	consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses. b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.	
I.10 Routine Care No violations for Not applicable a	of Children	
I.11 Enrollment an	d Staffing	
1.11.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Compliant
1.11.D.1 (Medium Risk)	Each classroom has an individual attendance sheet that lists the first and last names of all children in the room.	Compliant
1.11.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.	Compliant
1.11.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant
1.11.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	Compliant
1.11.G.14 (High Risk)	Every staff member, within ninety (90) days of employment, must be trained under the most recent guidelines of the American Heart Association in: a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and b. Pediatric first aid (online training is accepted). c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid. (1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online.	Compliant
1.11.G.16 (Medium Risk)	The program must have the consultant services of a licensed physician, physician's assistant, or nurse practitioner, who practices pediatric medicine, readily available.	Compliant
1.13 Administratio ■No violations fo		
1.13.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	Compliant
1.13.C.2 (High Risk)	Approved individuals manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.	Compliant
1.13.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.	Not Applicable
1.13.D.3 (High Risk)	All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file.	Not Applicable
1.13.D.4 Low/Medium/High Risk)	In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; (Low Risk) b. a fire extinguisher; (High Risk) c. first aid, emergency airway and bodily fluid spill kits; and (High Risk) d. audible door and back-up alarms (mountable or installed). (Medium Risk)	Not Applicable
1.13.D.8 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	Not Applicable
1.13.F.1 (Medium Risk)	The program maintains program files, and individual files for children and staff that are available on-site at all times. a. If these files are stored electronically, there must be someone on site at all times who can access these records in a timely fashion.	Compliant
.14 Learning and No violations fo		
1.14.A.5 (Medium Risk)	Written or electronic documentation of the classroom level curriculum (lesson plans or planning documentation) is easily accessible in each individual classroom.	Compliant
1.14.B.4 (Medium Risk)	Television or other screen time is prohibited for infants and limited to no more than	Not Applicable

1.14.F (Medium	There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's	Compliant	
	routine care.		

	Starr File Requirements Reference: 1.13. F.10	
For Non-Compliant Items: High Risk - Must be fixed within 24 to 48 hours Medium Risk - Must be fixed within 1 week Low Risk - Must be fixed within 1 month	S	
Staff A	Staff B	Staff C
□No violations found	■No violations found	■No violations found
Non-Compliant Items	Non-Compliant Items	Non-Compliant Items
High Risk:	High Risk:	High Risk:
Medium Risk:	Medium Risk:	Medium Risk:
Low Risk:	Low Risk:	Low Risk:
Training Plan aligned with the Individual	Training Plan aligned with the Individual	Notarized Criminal Record and Employment
Professional Development Plan (i)	Professional Development Plan (i)	Record Forms (d)
Proof Professional Development (I)	Proof Professional Development (I)	Training Plan aligned with the Individual
		Professional Development Plan (i)
		Proof Professional Development (I)
Compliant Items:	Compliant Items:	Compliant Items:
Personnel Sheet (a)	Personnel Sheet (a)	Personnel Sheet (a)
Comprehensive Background Checks (c)	Comprehensive Background Checks (c)	Comprehensive Background Checks (c)
Job Description (b)	Job Description (b)	Job Description (b)
Notarized Criminal Record and Employment	Notarized Criminal Record and Employment	Health records as required by the RIDOH (f)
Record Forms (d)	Record Forms (d)	Signed documentation of participation in
Health records as required by the RIDOH (f)	Health records as required by the RIDOH (f)	orientation (j)(Orientation must include
Signed documentation of participation in	Signed documentation of participation in	recognition and reporting of child abuse and
orientation (j)(Orientation must include	orientation (j)(Orientation must include	neglect 1.11.E.2)
recognition and reporting of child abuse and	recognition and reporting of child abuse and	
neglect 1.11.E.2)	neglect 1.11.E.2)	

Child File Requirements Reference: 1.13. F.7/1.13.F.8.a For Non-Compliant Items: High Risk - Must be fixed within 24 to 48 hours Medium Risk - Must be fixed within 1 week				
Low Risk - Must be fixed within 1 month Child A ☑No violations found	Child B ☑No violations found	Child C ☑No violations found		
<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:		
Compliant Items: Names of individuals to whom the child can be release (I) An application form (a) Evidence of annual health exam (c) Immunization record (d) Written authorization from the parent/guardian for emergency medical treatment (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in an emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)	A statement authorizing the program to act in an emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.F.8.a) Date of Enrollment (b) Written authorization for field trips (k)	Compliant Items: Names of individuals to whom the child can be release (I) An application form (a) Evidence of annual health exam (c) Immunization record (d) Written authorization from the parent/guardian for emergency medical treatment (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in ar emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)		
	Additional Reporting estigations, or criminal charges, that have not beer			

If yes, record details of these events below:



Rhode Island Department of Human Services

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Additional Discussion Notes

Based on today's visit, the items identified as areas of non-compliance with the Child Care Center and School Age Program Regulations for Licensure must be corrected as outlined in the Corrective Action Plan. Failure to correct a non-compliance may result in the revocation of the license or denial of the application, as applicable. Please contact your licensor with any questions or concerns related to resolving the Corrective Action Plan. Additionally, you may contact the Child Care Licensing Office at DHS.ChildCareLicensing@dhs.ri.gov regarding today's visit.

I understand that by signing this monitoring report, I am also granting permission for Child Care Licensing to share my provider information with the designated Technical Assistance provider, where TA Referral(s) were made. I am aware that these agencies will both give and receive information related to my progress in addressing any item on the Corrective Action Plan.

Signature of Provider Brenda Medeiros	Date September 25, 2023
Signature of Licensor Jessica Ullrich	Date September 25, 2023